



**CONGERS-VALLEY COTTAGE
VOLUNTEER AMBULANCE YOUTH CORPS**

P.O. Box 164 • Congers, NY 10920

Application for Membership

Date: _____

Personal Information:

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
_____	E-mail: _____
School: _____	Birth Date: _____ Age: _____
Grade: _____	Referred by: _____

Health:

Are you in good physical health? Yes No

Please describe any physical or mental impairments, no matter how slight.

Experience:

Certifications:

- CPR Expiration Date: _____
- First Aid Expiration Date: _____
- EMT Expiration Date: _____
- CFR Expiration Date: _____
- Other (List) _____

Have you been, or are you now, a member of another youth corps organization? Yes No

If yes: please list: _____

References: List 2 references other than relatives and 1 reference from your current school

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Applicant Statement

I certify that the statements made by me on this application are true and accurate to the best of my knowledge. I understand that any misrepresentation of facts on this application constitutes grounds for rejection or dismissal. I agree to submit to a physical examination by a physician if such should be requested. If accepted, I agree to serve honorably, faithfully, and promptly in pursuit of my duties. I agree to abide by all laws, rules, and regulations involving membership in the Congers Valley Cottage Volunteer Ambulance Youth Corps. ***I also understand that I may not use my affiliation with this corps for job or college purposes unless I have met all membership requirements.***

Signature of Applicant: _____ Date: _____

Parental/Guardian Authorization

I give my son/daughter consent to be on call at the Ambulance Building, possibly alone or with another youth corps member, in order to ride as a member of the Congers Valley Cottage Volunteer Ambulance Youth Corps. I understand that my child will be an observer/assistant on ambulance calls. By signing this, I am giving permission for my child to ride between the hours of 6 a.m. through 10 p.m. after school or on weekends/holidays.

I understand and agree that transportation to and from the building falls under my responsibility.

Parent/Guardian Signature: _____ Date: _____

Signature of **Treasurer**: _____ Date: _____

Signature of **Advisor**: _____ Date: _____